OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted With Initial Filing

X

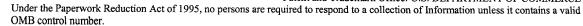
Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	33472/1					
First Named Inventor	Jack J. Johnson					
COMPLE	TE IF KNOWN					
Application Number						
Filing Date						
Group Art Unit		_				
Examiner Name		- /				

	·									
As a below named inventor, I hereb	declare that:									
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
BIDDING FOR EN	ERGY SUI	PPLY								
The specification of which (Title of the Invention)										
Is attached hereto OR										
Was filed on (MM/DD/YYY	Y)		As Ur	nited States Application N	umber or PCT International					
Application Number		and was amended on (MM/DD/YY	YY)		(if applicable)					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
or 365(a) of any PCT Internation and have also identified below, application having a filing date	nal application by checking t	on which designated at least or the box, any foreign application f the application on which prior	ne coun	try other than the Uni atent or inventor's cer	(s) for patent or inventor's certificate, ted States of America, listed below tificate, or of any PCT international					
Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)		Priority Not Claimed	Certified Copy Attached? YES NO					
Additional foreign application n	umbers are listed	d on a supplemental priority data sh	eet PTO	/SB/02B attached hereto:						
I hereby claim the benefit under 35			lication(s) listed below.						
Application Number(s)		Filing Date (MM/DD/YYYY)		Numbers are Supplementa	rovisional application listed on a ll priority data sheet a attached hereto.					

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



DECLARATION — Utility or Design Patent Application

							<u> </u>		• •				
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365 (c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)					Parent Patent Number (if applicable)				
09/542,451		04/04/2000						пиррисион					
☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto													
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent													
And Trademark Office	e connection the	rewith: L	Customer	Number							Place Customer Number Bar code		
Registered practitioner(s) name/registration number listed below: Label here													
ì	Name			istration ımber				Name			Registration Number		
Allen N. Friedr	man		25,973	·									
☐ Additional regis	tered practitione	er(s) named	on supplen	nental Re	gistere	d Practi	tioner Inforn	nation she	et PT0)/SB/02	2C attached	l hereto.	
□ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: ☑ Customer Number or Bar Code Label □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □													
Name													
Address PATENT TRADEMARK OFFICE													
Address	4.0												
City		ZIP											
Country			Telephone Fax										
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of Sole or F	irst Inventor:					A peti	tion has be	en filed f	or this	unsign	ed Invento	r	
	Name (first an	d middle [if	any])				manufacture and the second sec	mily Nar	ne or S	urnam	ne		
Jack J.					Joh	nson							
Inventor's Signature	Jack J. John										Date	1/31/02	
Residence: City	City Summit State			State	NJ		Country	USA		Cit	tizenship	USA	
Post Office Address 60 Blackburn Place													
Post Office Addres	s												
City	Summi	it	State	NJ		ZIP	07901		Coun	try	USA		
Additional inven	tors are being n	amed on the	es	uppleme	ntal Add	ditional	Inventor(s)	sheet(s) F	TO/SE	/02A a	ttached her	eto	

PTO/SB/02A (3-97))

Approved for use through 9/30/98. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page <u>3</u> of <u>3</u>

Name of Additional			A petition has been filed for this unsigned Inventor											
Given Name (first and middle, [if any])				Family Name or Surname										
William F.				Coyle										
Inventor's Signature	Mula	pyl	Date 1/31/02											
Residence: City	Summit	State	NJ	Country		USA	Citizenship			USA				
Post Office Address	22 Valley View Avenue													
Post Office Address														
City	Summit	State	NJ	Zip	Zip 07901 Co					USA				
Name of Additional	Joint Inventor, if any:			A petition has been filed for this unsigned Inventor										
Given Na	me (first and middle, [if	any])				Family N	lame	or Sur	name					
Inventor's Signature	Date													
Residence: City		State		Country Citizenship										
Post Office Address														
Post Office Address														
City		State		Zip Country										
Name of Additional	Joint Inventor, if any:		A petition has been filed for this unsigned Inventor											
Given Name (first and middle, [if any])				Family Name or Surname										
Inventor's Signature							D	Date						
Residence: City		State		Country Citizenship										
Post Office Address														
Post Office Address														
City		State		Zip Country										

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.